

City of Mountain View Recreation Division presents...

Fall Cooking Classes

Big Chef, Little Chef

Learn to cook delicious and simple recipes with Mom, Dad, Grandma or Grandpa! This class incorporates monthly-themed recipes, age-appropriate culinary skills, basic nutrition, story time, and circle time.

Fridays 10/7-12/16 10:30-11:30am

Saturdays 10/8-12/17 9:00-10:00am

R\$120/NR\$150

Ages 2.5-4.5



Kinder Chefs

Cook up your very own fun with recipes geared for Pre-K and Kindergarten students! Students will make 2 recipes, eat what they've made, read a story and play a cooking-related game.

Wednesdays 10/5-12/14 4:00-5:30pm

Thursdays 10/6-12/15 1:30-3:00pm

R\$150/NR\$187.50

Ages 4.5-6.5



Young Chefs

Calling all budding chefs! Learn to cook recipes based on a different theme each week. Principles of kitchen safety, proper food handling, basic cooking and baking techniques, food presentation, table setting, and table manners will be included.

Wednesdays 10/5-12/14 4:00-5:30pm

Thursdays 10/6-12/15 1:30-3:00pm

R\$150/NR\$187.50

Ages 7-11

*All classes held at
Young Chef's Academy,
1336 S. Mary Ave., Sunnyvale.
Check the Activity Guide
for materials fees and
no class dates.*

For more information or to Register, call the Recreation Office at (650) 903-6331.

Become our Fan on Facebook! www.facebook.com/mountainviewrecreation

class registration form

parent / legal adult – main contact:

First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ Work (____) _____ Cell Phone (____) _____ E-mail _____

Emergency Contact: _____ Relationship _____ Phone ☐ Home ☐ Cell (____) _____
First Last

Customer Service: (650) 903-6331
Fax: (650) 962-1069
E-mail: recreation@mountainview.gov

payment: ☐ **Cash** (please do not mail cash) ☐ **Check** (payable to "City of Mountain View") ☐ **Visa** ☐ **MasterCard**

Credit Card # _____ - _____ - _____ Expiration Date ____ / ____

Name as it appears on Credit Card _____ **Cardholder Signature X** _____

participant name – first and last	birthdate	gender	grade	class #	class name	fee	alternate class #
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
Mail / Drop-Off Registrations Only: Separate check required for each class.						Total	\$

List any Allergies, Medication(s), Health Concerns, or Special needs: _____

Participant's Name _____

photo release: By affixing my initials here: _____ I DO NOT agree nor grant the City of Mountain View permissions to use my and/or my child's photograph or likeness, or that of a pet or personal property, for promotional use in any City related media.

waiver & release: In consideration of participation in a class or activity offered by the Recreation Division of the City of Mountain View, I, the below signed, agree to indemnify and hold the City of Mountain View harmless and hereby waive, release and discharge any and all claims for loss or damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Mountain View, its City Council, employees, agents, and volunteers for any liability arising out of or connected in any way with my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. Further, I understand that the City of Mountain View, its City Council, employees, agents and volunteers, are not responsible for the personal property of the participants in the class or activity. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns. I have read and agree to the registration and program policies. By my signature below, I acknowledge that I have read this document and understand its contents.

Signature: x _____ Date _____ ☐ **Parent** ☐ **Legal Guardian** ☐ **Participant** **City Employee #/Dept.:** _____